

IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Roy R. Faget

Confirmation No.: 6474

Application No.: 09/505,382

Examiner: Chat C. Do

Filing Date: 2/16/2000

Group Art Unit: 2124

Title: APPARATUS AND METHOD FOR SHARING DATA FET FOR A FOUR-WAY
MULTIPLEXER

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- (X) Response/Amendment (X) Petition to extend time to respond
(X) New fee as calculated below () Supplemental Declaration
() No additional fee (Address envelope to "Mail Stop Non-Fee Amendment")
() Other: (fee \$)

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS	17	MINUS	20	= 0	X \$18	\$ 0
INDEP. CLAIMS	2	MINUS	3	= 0	X \$86	\$ 0
[] FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ \$290	\$ 0
EXTENSION FEE	1ST MONTH \$110.00	2ND MONTH \$420.00	3RD MONTH \$950.00	4TH MONTH \$1480.00	\$ 420	
OTHER FEES						\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 420

Charge \$ 420 to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450.

Date of Deposit:

Typed Name:

Signature: _____

Respectfully submitted,

Roy R. Faget

By

Kelly T. Lee

Attorney/Agent for Applicant(s)
Reg. No. 47,743

Date: August 19, 2004